

**Application Data Sheet**  
**Application Information**

**Application number::**

**Filing Date::**

**Application Type::** Regular

**Subject Matter::** Utility

**Suggested classification::**

**Suggested Group Art Unit::**

**CD-ROM or CD-R?::** None

**Number of CD disks::**

**Number of copies of CDs::**

**Sequence submission?::** Paper

**Computer Readable Form (CRF)?::** No

**Number of copies of CFR::**

**Title::** PEER TO PEER GESTURE BASED MODULAR  
PRESENTATION SYSTEM

**Attorney Docket Number::** FXPL-1060US0

**Request for Early Publication?::** No

**Request for Non-Publication?::** No

**Suggested Drawing Figure::** 4

**Total Drawing Sheets::** 8

**Small Entity?::** No

**Latin name::**

**Variety denomination name::**

**Petition included?::** No

---

**Petition Type::**

**Licensed US Govt. Agency::**

**Contract or Grant Numbers::**

**Secrecy Order in Parent Appl.?::** No

### **Applicant Information**

**Applicant Authority Type::** Inventor

**Primary Citizenship Country::** US

**Status::** Full Capacity

**Given Name::** Patrick

**Middle Name::**

**Family Name::** Chiu

**Name Suffix::**

**City of Residence::** Menlo Park

**State or Province of Residence::** CA

**Country of Residence::** US

**Street of mailing address::** 564 University Drive, Apt. 3

**City of mailing address::** Menlo Park

**State or Province of mailing address::** CA

**Country of mailing address::** US

**Postal or Zip Code of mailing address::** 94025

**Applicant Authority Type::** Inventor

**Primary Citizenship Country::** China

**Status::** Full Capacity

**Given Name::** Qiong

**Middle Name::**

---

**Family Name::** Liu

**Nam Suffix::**

**City of Residence::** Milpitas  
**State or Province of Residence::** CA  
**Country of Residence::** US  
**Street of mailing address::** 44 Jacklin Place  
**City of mailing address::** Milpitas  
**State or Province of mailing address::** CA  
**Country of mailing address::** US  
**Postal or Zip Code of mailing address::** 95035

**Applicant Authority Type::** Inventor  
**Primary Citizenship Country::** US  
**Status::** Full Capacity  
**Given Name::** John  
**Middle Name::**  
**Family Name::** Boreczky  
**Name Suffix::**  
**City of Residence::** San Leandro  
**State or Province of Residence::** CA  
**Country of Residence::** US  
**Street of mailing address::** 516 Dutton  
**City of mailing address::** San Leandro  
**State or Province of mailing address::** CA  
**Country of mailing address::** US  
**Postal or Zip Code of mailing address::** 95477

---

### **Correspondence Information**

**Correspondence Customer Number::** 23910

Phone number:: (415) 362-3800  
Fax Number:: (415) 362-2928  
Email address:: SBachmann@fdml.com

### Representative Information

Representative Customer Number:: 23910

### Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::

### Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::

### Assignee Information

Assignee Name:: FUJI XEROX CO., LTD.  
Street of mailing address:: 17-22, AKASAKA 2-CHOME  
City of mailing address:: MINATO-KU,  
State or Province of mailing address:: TOKYO  
Country of mailing address:: JAPAN  
Postal or Zip Code of mailing address::